

## Application Data Sheet

### Application Information

**Application number:**

**Filing Date:**

**Application Type:** Regular

**Subject Matter:** Utility

**Suggested Classification:**

**Suggested Group Art Unit:**

**CD-ROM or CD-R:** None

**Number of CD Disks:**

**Number of copies of CDs:**

**Sequence Submission?**

**Computer Readable Form (CRF)?**

**Number of Copies of CRF:**

**Title:** DEVICE FOR FACILITATING CARDIOPLEGIA  
DELIVERY IN PATIENTS WITH AORTIC  
INSUFFICIENCY

**Attorney Docket Number:** UPN-4929

**Request for Early Publication:** No

**Request for Non-Publication:** No

**Suggested Drawing Figure:** n/a

**Total Drawing Sheets:** 2

**Small Entity?:** Yes

**Latin name:**

**Variety denomination name:**

**Petition included?:** No

**Petition Type:**

**Licensed US Govt. Agency:**

**Contract or Grant Numbers:**

**Secrecy Order in Parent Appl.?:** No

## **Applicant Information**

**Applicant Authority Type:** Inventor  
**Primary Citizenship Country:** United States of America  
**Status:** Full Capacity  
**Given Name:** Howard  
**Middle Name:** C  
**Family Name:** Herrmann  
**Name Suffix:**  
**City of Residence:** Philadelphia  
**State or Province of Residence:** Pennsylvania  
**Country of Residence:** United States of America  
**Street of mailing address:** 732 Springs Road  
**City of mailing address:** Bryn Mawr  
**State or Province of mailing address:** Pennsylvania  
**Country of mailing address:** United States of America  
**Postal or Zip Code of mailing address:** 19010

**Applicant Authority Type:** Inventor  
**Primary Citizenship Country:** United States of America  
**Status:** Full Capacity  
**Given Name:** Y  
**Middle Name:** Joseph  
**Family Name:** Woo  
**Name Suffix:**  
**City of Residence:** Lafayette Hill  
**State or Province of Residence:** Pennsylvania  
**Country of Residence:** United States of America  
**Street of mailing address:** 2118 Basswood Drive  
**City of mailing address:** Lafayette Hill  
**State or Province of mailing address:** Pennsylvania  
**Country of mailing address:** United States of America  
**Postal or Zip Code of mailing address:** 19444

## Correspondence Information

Correspondence Customer No.: 23377

Name:

Street of Mailing Address:

City of Mailing Address:

State or Province of Mailing Address:

Country of Mailing Address:

Postal or Zip Code of Mailing  
Address:

Phone number:

Fax number:

## Representative Information

Representative Customer No.: 23377

## Domestic Priority Information

<b>Application:</b>	<b>Continuity Type:</b>	<b>Parent Application:</b>	<b>Parent Filing Date:</b>
This is	An application claiming the benefit under 35 USC 119(e)	60/552,342	March 11, 2004

## Foreign Priority Information

<b>Country:</b>	<b>Application No.:</b>	<b>Filing Date:</b>	<b>Priority Claimed:</b>
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## **Assignee Information**

<b>Assignee name:</b>	The Trustees of the University of Pennsylvania
<b>Street of mailing address:</b>	3160 Chestnut Street, Suite 200
<b>City of mailing address:</b>	Philadelphia
<b>State or Province of mailing address:</b>	Pennsylvania
<b>Country of mailing address:</b>	United States of America
<b>Postal or Zip Code of mailing address:</b>	19104-6283